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MISCELLANEOUS.

Menopause.

BY CHARLES GARDINER, M.D., EMPORIA.

The menopause, change of life, and the various synonyms in different languages literally meaning cessation of the flow—that is, the menstrual flow. Ordinarily menstruation is considered a conclusive sign of the sexual capability of the woman.

As physicians we must give the term a broader meaning so as to include cessation of menstruation and ovulation, and the involution and atrophy of the entire generative system.

Whether menstruation depends on ovulation or is independent of it has been ably argued. Of the theories advanced by different observers I hold to that of Hegar, who says: "The vagina and uterus are the duct of a gland and that gland the ovary." I also believe that menstruation is identical with rut in the lower animals, and that it prepares the womb to receive and nourish the ovum. Among lower animals only those that develop ovules at the time of rut can conceive and bring forth their progeny, live and transmit this quality. Those that fail to prepare ovules cannot reproduce themselves. The inexorable law of the survival of the fittest shuts them out. This must have been true of woman at one time in her evolution, however it may be modified by her environment at the present time. Again, wombs are not necessary for reproduction, but nowhere do we see reproduction among vertebrates without ovaries. For these reasons ovulation is the highest phy-

sical function of woman, and all other generative acts and organs are subservient to it. The woman is for the ovary.

In a perfectly developed and healthy woman the menopause occurs sometime during the fifth decade. Extreme cases are mentioned ranging from twenty-four to sixty-nine years, but they are so few that they do not affect the average.

Of course a healthy, robust individual with perfectly developed ovaries would, among similar environments, ovulate earlier and continue longer than one less perfectly developed. That the more powerful organs would as a matter of physiological necessity functionate longer and better than weaker ones, is a truism.

It is amusing to read some of the theories which have been advanced to account for the menopause.

In his book on women, published in 1831, Dr. Dewees says: "The reason for this discharge leaving the woman at this time of life, appears to be founded in the highest wisdom and beneficence; it is to prevent child-bearing beyond that period at which the mother would be capable, from the common chances of human life, of extending her care to her offspring; and consequently submitting her child to the doubtful management of strangers or subjecting it to the waywardness and caprice of those who could not feel a parent's affection, nor yield a mother's devotion to its necessities, at a time when its helplessness would most require the kindest offices."

The true physiological reason is that everyone is born into the world with certain possibilities as regards race, temperament, stature, health, longevity and mental qualities, and the embryo ovary contains potentially every ovule that can be developed in a given individual. When this limit is reached ovulation must cease. The meno-

pause in common with gray hairs and failing sight and dulled hearing and enfeebled muscles and, saddest of all, waning mental power, is one of the signs of approaching decrepitude.

While these organs are essential to life of the race, they are not necessary to the life of the individual. For from twelve to eighteen years she lives and grows and develops, and these organs are so rudimentary that they exert little or no influence upon her. Then they develop, and for twenty-five or thirty-five years they exert a dominant influence over her physically and mentally; then they become atrophied, and she lives on ten, twenty or thirty years or more without them.

It would seem that the gradual physiological extinction of the function of organs not essential to life need not and ought not be followed or accompanied by grave pathological disturbances. Since this topic was assigned to me I have given the subject more study than ever before. I have looked over some old case histories that I took some years ago, and have taken several new histories from some of my patients who are now undergoing or have recently passed the change of life, and as the result I am satisfied that in the absence of pathological lesions depending on other causes the menopause is established with slight functional disturbances.

Most women dread the change of life because they have been taught to look forward to it as a time of much suffering and even danger to life. They associate wasting and flooding and, more than all, cancer and tumor as the all but invariable accompaniment of the menopause. Many of the nervous phenomena are no doubt due to morbid fear. With such a picture before her she naturally becomes despondent, and the ordinary ailments which up to this time she has borne with womanly fortitude she now thinks are the symptoms of a general breakdown or fatal illness. Now is the time she begins to show the wear and tear of life and the load grows heavy. She begins to realize the effect of the burdens she has carried, the injuries she has sustained, and the anx-

ety she has suffered as woman, wife and mother.

Under these depressing influences the whole system sympathizes. The mind may wander; the energetic, competent, matter of fact, common sense woman hesitates, mopes, has hot flushes, red spots on face and neck and body; has all kinds of shifting pains; loses self control, cries, fears death, prophecies evil; sometimes becomes temporarily and sometimes permanently insane.

The circulatory system is disturbed, palpitation, fainting, shortness of breath, cold hands and feet and chilling, are common.

Digestion is disordered. She suffers from eructation of gas, sour stomach, vomiting, constipation, colicky pains and borborigmi.

The genito-urinary organs are also affected. The quantity of urea and chlorides and solids generally is increased, and there may be transient suppression of urine or polyuria. Albumen is sometimes present, but is due to some intercurrent affection of the kidneys.

The bladder is frequently irritable and vesical tenesmus is one of the most distressing symptoms.

The ovaries and accessory organs of generation begin to atrophy, although at times the woman puts on flesh and the breasts seem to become fuller and more prominent.

The liver participates in the general disturbances of nutrition, and biliousness is often a very marked symptom, while hepatic colic and hæmorrhoids add much to the discomfort of the patient.

The skin suffers in common with other organs, and becomes tawny in color and less elastic, and coarser in texture. Hairs appear on the upper lip and chin. She suffers from flushing, local sweating, creeping sensations, itching and other manifestations of disturbed function, and irritation of terminal filaments of cutaneous nerves.

The following case histories will show how the menopause is established in healthy women.

Mrs. A., aged 46; menstruated at 16; married at 20; mother of seven children; no miscarriages; had menstruated regularly until four months before consulting me.

Her breasts had enlarged, abdomen became prominent, and she was fully satisfied that she was pregnant. She was nervous and suffered from constipation and slight mental depression. She had hot flushes and was greatly annoyed by urticaria and this was the principal reason for calling a physician. Her mother passed the change of life at the age of 45 years. I prescribed medicine to relieve the nervousness and constipation. She was greatly benefited. About four weeks later I was called again because she did not feel life, a thing that had occurred early in all her former pregnancies. On examination I found the wound did not contain a foetus. From that time she improved in health and strength and weight, but never menstruated afterward.

Her sister had menstruated at 17; married at 27; had four children; never miscarried. Was 40 years old when her last child was born. After this child was weaned she menstruated once and then ceased permanently. She always had perfect health and never employed a physician except when her children were born.

In another woman normal menstruation was established at 16 and continued so until her nineteenth year, when she lifted a heavy weight and felt something slip in her pelvis. From that time on she suffered severe pain during menstruation. She married at 26 and bore five children, but still suffered intensely at each period, although in all other respects she was in robust health. When she was 45 her husband failed in business and they came to Kansas and settled on a farm. Before leaving home she had been menstruating regularly every four weeks, and was just over a period when they started in wagons for the West. After being in Kansas for five months she noticed that she had not menstruated since her arrival. She is a woman of great vigor and with the exception of an attack of grip has been in almost perfect health ever since.

A woman, age 50, nervous temperament, menstruated at 14, married at 20; had seven children born alive, one stillbirth at term, and three miscarriages; was menstruating at her usual time. She went to call her

husband for dinner and found him in the field dead. The flow ceased suddenly and never returned. She is now 78 years old and in good health.

The most frequent mode of establishing the menopause is where the patient misses a period for a month or two and then the intervals grow longer and longer until finally the flow ceases permanently.

Occasionally the menses may cease for a year or two and then return and continue regularly for a time, when the dodging process recurs and the menopause is permanently established. I think the above description, so far as it goes, is a fair representation of the menopause as it occurs physiologically.

When in Topeka recently attending the meeting of the State Medical Society, I put the following question to ten different physicians, four of whom were specialists in diseases of women: During the last five years how many patients have you treated for the menopause in whom you could exclude all pathological conditions not due to it? One answered two, the others none.

I now ask the same question of the members of the Lyon County Medical Society.

The treatment of the physiological menopause consists in putting the woman in the best hygienic condition possible. Regulate all emunctories, bathe regularly, dress properly, relieve the nerve tire and lighten the load. Have the mind in a hopeful mood and tell her the time of change is not necessarily nor even generally a time of suffering and ill health. As far as possible cure any disorder of the generative system and regulate the bowels by food and exercise, and if you can do no better give medicine to relieve the constipation so common in women at this time of life. Give good wholesome food and keep the vital energies at their highest point. I think strychnia is one of the best vital incitors that we possess.

The menopause as modified and complicated by the various pathological conditions which develop at the age when the change of life occurs, is a very different matter from the menopause I have described. Here, unfortunately, the evils of her imagi-

nation become terrible realities, and borne down by her infirmities she literally flies from the evils that she has to others that she knows not of, and furnishes a large contingent for the surgeon's table. A few years ago an operation was almost equivalent to an execution; but now all this is changed, and by timely operation most are restored to health and usefulness, many are greatly relieved and life prolonged, and the mortality is growing less year by year.

The shady side of forty is a pithy expression. It applies to a time of life when the system is weakening and the recuperative powers begin to flag. Recovery from disease or injury or shock, physical or mental, is less prompt than formerly, but strange to say wounds still heal as kindly and completely as ever. Now begins physiological degeneration and consequently all those diseased processes of which degeneration is the leading pathological factor, have a better field for development than at earlier periods of life.

In the liver, kidney and brain senile changes are beginning that will ultimately result in the destruction of the function of the part, and the same is true of all organs and tissues of the body.

Now we see tumors of all kinds, carcinomas, sarcomas, myomas, myxomas, etc., as well as polypi and cysts. Whenever any of these neoplasms occupy the abdominal, pelvic or uterine cavities they cause and maintain a state of congestion that favors hemorrhage and may postpone indefinitely the establishment of the menopause. The bleeding occurs at more or less regular intervals, and the patient and sometimes the physician think the discharge is the menstrual flow and hope that all will be right next time.

This is a fatal error that has caused thousands of women to wait until death was their only relief from suffering. Whenever symptoms of this kind are found in a woman of any age but surely when she is nearing the time of the menopause a thorough examination should be insisted upon and a diagnosis established and the case treated upon its merits, according to the pathological condition present, and not as one of the

menopause. It is manifestly unscientific to attribute all the aches and ills and diseases that women suffer from at this time of life to the menopause, as was almost universally done by the old writers.

Cases are reported where, after the change of life, tumors of the ovaries and uterus have diminished in size or even disappeared but this must be a rare occurrence.

Occasionally we hear of an old lady long past the menopause whose menstrual discharge has returned and that she is renewing her youth. It has been my misfortune to treat several such cases, and I always found malignant disease. The significance of such a discharge is not a bridal robe but a shroud.

I will merely refer to the menopause as produced artificially by operative interference. It has given rise to much discussion, which reminds one of the famous debate between the katydid. Some reporters say menstruation ceases, others that it continues after the removal of both ovaries, while some gentlemen have reported that women have borne children after a double oophorectomy.

Massage of the Prostate.

G. Frank Lydston, M.D., in Chicago Medical Recorder.

Under the questionable terms, "Milking the prostate," and "milking the seminal vesicles," manipulative treatment of diseases of the tissues about the vesical neck in close proximity to the rectum has recently become somewhat of a fad. Fadism seems to be quite a prevalent complaint among andrologists. A short time since it was the deep urethra which must be tortured with deep injections, for the purpose of curing disease affecting large areas of glandular and mucous tissues by medicating a couple of inches of superficial mucous surface. Now the seminal vesicle gallantly comes to the front and allows itself to be "milked" for a consideration, or without it for that matter, as a panacea for all andropathology.

The term "milking the prostate" and seminal vesicles is neither euphonious nor

accurate; it implies the view that the indication in prostatic therapy is simply to empty the prostatic ducts and follicles and the vesiculæ seminales of their contained secretion, when as a matter of fact this squeezing out of secretion is of but secondary importance in by far the majority of cases. To be sure, we meet with an occasional case in which the emptying of an over-distended seminal vesicle by digital pressure from the rectum gives great relief of very troublesome symptoms, but these cases are so exceptional as to count for little in the discussion of the general question. In many cases prolonged and vigorous manipulation causes but little flow of secretion, either at once from the meatus or later mixed with the urine, but very beneficial results occur.

The term massage of the prostate and its adnexæ is comprehensive, and implies the true indication in the cases in which the treatment by manipulation is appropriate.

Glandular infection must be acknowledged to be the primary and most important condition in most of the conditions of chronic inflammation in and about the prostate. Within a very short time, however, the interstitial tissue, and finally the environing cellular tissue about the prostate, seminal vesicles and vesical neck, becomes infiltrated with inflammatory exudate which is liable to organize sufficiently to cause permanent and often irreparable injury. Such exudation is to be inferred in every case of deep-seated inflammation in this region, binding together the affected structures in very much the same manner as the so-called pelvic cellulitis in women glues the tissues and organs primarily affected into one solid indurated mass. This exudation constitutes the increase in bulk characteristic of chronic deep-seated inflammation about the vesical neck. Serious circulatory obstruction comes on after a time and enhances the exudative process, in some cases by prostatic hyperemia, active or passive. Circulatory aberration is the primary condition but is followed by hyperplasia of the affected part. In many prostatitides this hyperplasia is the starting point and essential feature of prostatic enlargement. Relieved early, it may

not be succeeded by permanent overgrowth, as it is sure to be if allowed to go on unchecked. Massage of the prostate fulfills several indications:

1. And most important: Stimulation of lymphatic absorption and local tissue change by which the exudate is rapidly removed, in many cases with marvelous rapidity.

2. Stimulation of circulation with especial relief of venous obstruction which is so vital a factor in such conditions as those under consideration.

3. Relief of hyperesthesia, as a result of which, manipulation which is often at first quite painful, becomes easily tolerated and finally absolutely painless with any amount of pressure that can be brought to bear with the finger.

4. And least important: Expression of secretion from the affected glandular structures. In the exceptional case, as already remarked, this expression of secretion is a quite important factor in the result.

Clinically, massage of the prostate is indicated in:

1. Chronic follicular prostatitis, so-called "posterior urethritis," "inflammation of the vesical neck," etc.

2. Chronic prostatic hyperemia with hypersecretion. The so-called chronic follicular prostatitis of the text-books; the spermatorrhea of the quack.

3. Prostatic hyperesthesia with frequent micturition or premature ejaculation, the latter being often due to relatively great sensitiveness of the caput gallinaginis.

4. Prostatic hyperplasia in men about middle life, the preliminary stage of enlarged prostate in many cases.

5. Pseudo-tuberculosis of the prostate, involving lympho-adenopathy of simple type.

It is obvious that in all acute inflammatory conditions of the prostate massage is contraindicated.

In performing massage the patient should generally be instructed to thoroughly empty the bowel shortly before treatment. If copious hot rectal lavage and hot sitz baths be made adjuvants to the treatment, progress will be much more rapid. In most patients the bowel will be found empty if reg-

ular movements be had, but a preliminary enema makes assurance doubly sure, and makes the tissues to be operated upon softer, less sensitive, and more susceptible to massage.

The patient had best lie in the Sims position, one or the other index finger being used. Should any condition of the anus be present which leads to pain and spasm under digital exploration, this should be attended to at once, else prostatic massage will do more harm than good.

In massaging the prostate the direction of its ducts and those of the seminal vesicles should be remembered, the pressure and stroking be directed obliquely downward, forward and inward toward the median line. The deep urethra should, however, be massaged by up and down pressure in the median line, the direction of the rubbing toward the bulb.

The first seance should be short and the massage gentle, else the patient is liable to lose his enthusiasm and may be directly injured by the treatment. In most cases massage is not necessary oftener than every other day; in others again, daily treatment is essential. In very sensitive cases intervals of three to ten days are necessary.

I have made no attempt at an exhaustive discussion of prostatic massage, but believe that a fair, practical presentation of the subject has been given in the foregoing short article, which will serve as a guide rather than a source of confusion to the general practitioner.

For Better Doctors.

St. Louis Medical Review.

At a meeting of the faculty of the Northwestern University Woman's Medical School, the following resolutions were unanimously adopted and ordered to be placed before the Illinois State Board of Health:

WHEREAS, On three occasions within the past three years the Illinois State Board of Health has licensed to practice medicine in this State students who have not properly qualified themselves for such duties, and

whose incompetence has compelled us to withhold the degree of Doctor of Medicine; and

WHEREAS, By common report we are informed that the State board has adopted a similar policy with reference to numerous other persons; therefore

Resolved, By the faculty of the Northwestern University Woman's Medical School that the State board be requested hereafter to make its examinations so rigid that persons incompetent to obtain the degree of Doctor of Medicine from first class medical colleges cannot obtain license to practice from the Illinois State Board of Health.

Resolved, That the State Board of Health be urged to do all in its power to secure a modification of the State law, so that the privilege of examination for license to practice in this State can only be obtained by graduates of recognized medical schools in good standing.

Resolved, That for the protection of the lives and health of our people, we believe it the duty of the State Board of Health to do all in its power to prevent the entrance into the medical profession of this State of any person not properly qualified; and be it further

Resolved, That in the interests of humanity and medical science we believe the State board should make its standard of qualifications as high as that of the best medical colleges in this country, and that it should do all in its power to aid and encourage the efforts of the profession and the people for thorough medical education and higher requirements of licentiates and for the degree of Doctor of Medicine.

DR. CLARENCE S. MCCLINTOCK has been elected Professor of Practical Anatomy in the Kansas Medical College.

DR. J. M. FRANKENBURGER has been elected an instructor in anatomy in the Kansas Medical College.

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Topeka, Kansas, Saturday, June 22, 1895.

Electricity.

If we could but realize just a small part of the wonderful things that it has been imagined could be accomplished through the agency of electricity, the fishes might as well have the drugs. If there is anything in the realms of disease that electricity has not been suggested and used for it must be "electric crankism." With years and years and years of study and experiment the science of medical electricity is about as near perfection as the successful cure of baldness. There are certain conditions in which electricity has proved to be of advantage, but the results vary with each applicant and each current used. It has been stated, and it seems very near the truth, that whenever the strength of a current is increased or diminished the nature of the current is also

changed. In other words, that every battery has as many different currents as it has gradations of current. Men who do not thoroughly understand electricity are as poorly qualified for applying it to disease as the man who knows nothing of the nature of drugs is for their administration. A great many physicians are using the electric current who not only do not know which is the negative pole and which is the positive, but would not know the difference it made if they did. It requires more ability and more study than is usually given to the subject to know what current to use and how to use it in each individual case, and it would require extraordinary talent to be able to derive from the general literature on the subject any clear conception either of the currents or their application. The old issue between galvanism and faradism has finally reached an apparently satisfactory solution, for a part of the profession use faradism alone without regard to conditions or disease, another part uses galvanism on the same terms, and yet another part, possibly wiser, probably better equipped with electrical appliances, attempt to adjust the current in accordance with the disease to be treated or the work to be accomplished; while still another part, probably utterly ignorant of electricity yet possibly wiser than many of the others, do not use it in either form.

The man who administers electricity through a mud pack, the man who gives an electric bath and the one who uses iodine and other drugs in the current like the old practitioners who applied black cat skins to pneumonia cases, get good results, but their conclusions are not more logical than a reasoning by *post hoc, propter hoc*.

Exchanges of experiences with electric currents may finally result in a closer study and a better understanding of the subject, but he who would instruct the profession in its use must be an electrician in every sense of the word, and he must be a physiologist, a chemist, and a pathologist.

If you owe anything on your subscription kindly send us a little reminder.

Politics and State Institutions.

The policy of National and State administrations in appointments to responsible positions in connection with public charities, can meet the approval only of politicians and political bosses. It becomes more and more apparent that political preferment is to supersede experience and ability.

In the appointments from the ranks of the medical profession, reputation, scientific ability and medical learning are of but little importance, and the man fresh from school if he but have a few votes in his pocket takes precedence of the man who may be especially fitted by years of training and experience in the work to be done. There are but few men naturally gifted with that executive ability necessary for the proper management of a public institution, and to those who have by long experience acquired that ability should, from a standpoint of economy and good government, be given such positions.

There are so-called charitable institutions in the State of Kansas to-day which have from their beginning been nothing more than farces for the benefit of party politics.

While we do not believe in life appointments, it does seem that when a suitable, worthy man is found who has proven himself capable to fill the position to which he has been appointed that his term of office should not depend upon the politics nor the personel of the administration. Public health and politics have no logical connection and it is poor public policy to force a relation.

Examinations in Illinois.

From an article which appears in another column it would seem that the Illinois Board of Health though claiming a very high standard of requirement for practice, are less exacting than some of the colleges. The Illinois board has been the standard of all the other State boards in the regulation

of practice, and this report must bring a shade of discredit upon that long respected body. It is a question, however, if the exclusion of candidates who do not possess a diploma from an examination by the board would not in some cases work an injustice. There are circumstances under which a deserving student may be prevented from graduating. It has happened at different times that men who have completed their college course with credit to themselves and the institution have from some unavoidable cause been prevented from taking the examination. Occasionally a student is unable to graduate on account of financial embarrassment. Such students having done the required amount of work should without question be allowed to prove their efficiency and if found competent should be allowed license to practice. One of the brightest medical men and most competent physicians in the State of Kansas, a member of the State society and many other organizations in high standing, is not a graduate in the sense of having a diploma from a medical college. He completed his medical course, but for some reason did not secure his degree. There are many other like instances in this and other States. The general application of the proposed rule is no doubt good, but in certain cases it seems the discretion of the board should be permitted.

DR. JOSEPH HINDMAN, who located at Auburn, Kas., last April, has recently taken a partner. She is not a graduate in medicine and he will never be afraid of her stealing his patients, but we know from his appearance that his partner is a good one. Our best wishes to the new firm.

THE sixth annual announcement of the Kansas Medical College will be issued in a few weeks. The college has adopted a four-year course which will affect all students who begin their course in medicine during this session.

Rest in the Treatment of Joint Injuries and Joint Diseases.

Extract from proceedings of San Francisco County Medical Society.

Dr. C. E. Farnham said that he did not think it profitable to the Society to enter into the discussion of so general a subject as the rest immobilization in the treatment of fractures extending into joints. As regards immobilization or its opposite, communicated or passive motion, any person experienced in the treatment of fractures would treat quite differently fractures of different joints, and would even treat differently various conditions resulting in fractures of the same joint. Who would treat in the same manner as regards immobilization or early communicated movements, fractures involving the elbow, shoulder, hip, knee, ankle and finger-joints? While some urge as routine practice immobilization and oppose early passive motion in the treatment of fractures extending into the elbow-joint, yet very few, if any, would advise similar treatment for fractures involving the finger-joints. In the treatment of joint traumatism or fractures the results ordinarily will depend more upon whether the proper relations to one another of bone fragments and joint surfaces are restored and maintained than upon whether we immobilize the joint until after good union or treated by early communicated movements to the joint. This is especially true of fractures extending into the elbow-joint, the wrist-joint, the ankle-joint and also the knee-joint. At the meeting of the American Surgical Association during 1891, Dr. Lewis A. Stimson, of New York, read a paper on the treatment of fractures of the humerus involving the elbow-joint, in which paper, in considering the causes of limitation of motion after these injuries, he combated the idea that immobilization is, in itself, a cause of ankylosis and argued that it is the most efficient agent which we possess against the inflammation that is the primary cause of the stiffness. This article I soon afterwards had the pleasure of handing in print to Dr. Kenyon for

his perusal, and to-night he reports to us results corroborative of the claims made by Dr. Stimson. I have myself some fractures of the elbow-joint with immobilization and have had good results. The arguments against the use of passive motion at an early stage in fractures involving the elbow-joint, as made by Dr. Stimson in his paper, and as formerly made by Verneuil, Sands and others, and as supplemented in the discussion on Dr. Stimson's paper by Dr. N. P. Dandridge, of Cincinnati, Linlock, of South Carolina, John B. Roberts, of Philadelphia, and others, appear to be logical and safe as routine treatment. Yet experience of the past teaches us that early passive motion at the elbow-joint after the fracture gives almost uniformly good results in the hands of those who use it judiciously and gently, after having first reduced and displaced fragments to their normal relations. The moving of joint surfaces over each other daily has the effect in some cases of restoring to their proper relation joint surfaces whose relations become altered in consequence of swelling, accidental movements or inefficiency of dressing applied. By judicious passive motion is meant not a forcible movement that separates united and partially united tissues and greatly increases inflammatory action, but a gentle movement, slowly began and so slowly made in the normal direction that motion is barely discernable, and requires considerable time for its completion, stretching instead of tearing the freshly united tissues. Such early communicated motion can very rarely, if ever, be harmful, if the motion is made in the proper direction and the fragments are properly supported to prevent disturbance of normal relations. It is claimed that such communicated movements after fracture of elbow-joint, instead of increasing inflammatory reaction to the extent of thickening periosteum and articular and peri-articular tissues and producing excessive formation of callous, thus causing limitation of motion, has the effect of preventing contraction and thickening of articular and peri-articular tissues.

Elongated Tonsils Simulating Quinsy and Hysteria.

D. M. Fenn, A.M., M.D., in Pacific Medical Journal.

In the absence of any reference thereto by McKenzie and other authorities consulted, chronic elongation of the tonsils would seem to be a rare affection. Yet it is possible that in the shadow of the anterior palatine fold and obscured by the base of the tongue, usually uplifted during oral inspection, it has often escaped detection. That the lesion is of no slight import as well as obscurity the history of the case attests, since by reason of frequent attacks of pseudo-tonsillitis, "globus" and suffocative paroxysms, the lady had become a veritable bete noire to her neighbors and physicians in three States. "For years," she says, "I have been under more or less constant treatment for hysteria or tonsillitis, as it was variously called, and at one period of my residence, near St. Louis, the dread of impending suffocation so weighed upon my mind that I would have taken my life had not my husband removed all cutting instruments out of my sight."

At our first consultation Dec. 31, the probability of another "choking spell" was discussed. But seeing nothing to justify the inference except the hypertrophied gland, the isthmus faucium being ample for all respiratory purposes, a solution of cocaine was applied and the patient dismissed with a benediction. Just as the noisy celebrants were ringing in the New Year there came a summons to the bedside of a "dying woman." I found a young woman, the mother of three or four children, propped up in pillows, her eyes protruding, and breath coming in gasps, while the husband and three sympathetic females were assiduously engaged in steaming her throat. Seating her before the only available light I again applied cocaine, and afterwards scarified the tonsils. Neither hemorrhage nor relief following, the tongue was forcibly depressed and further exploration made with a grooved director. The tonsils were found to be elongated until their extremities approximated and infringed upon the epiglottis! Engag-

ing each of them in a volsellum forceps I excised a segment as large as a filbert. The hemorrhage was quite insignificant, but the effect of the operation was magical as to the patient. Tears and solicitude immediately gave place to laughter, and her midnight guests were permitted to withdraw.

Since then the glands have been slowly retrograding, and so far, the longest interval for years, without recurrence of the annoying symptoms.

The Report of the British Commission on Tuberculosis.

Medical Record.

Five years ago the British Parliament appointed a commission to investigate the subject of food in its relation to tuberculosis. After a long and careful investigation of this subject the commission has made its report. The members of the commission include Professor G. T. Brown and Professor Burden Sanderson, but the special expert work was done largely by Professor John McFadyen, Dr. Sydney Martin, and Dr. Sims Woodhead.

The first point investigated was the effect of feeding healthy animals with meat and milk from tuberculous animals, and this investigation was carried on by Drs. Martin and Woodhead. The flesh from tuberculous animals, freed from any obvious masses of tubercle, and milk taken from tuberculous cows, were fed to pigs, guinea-pigs and rabbits. Thirty-six per cent. of pigs, sixteen per cent. of the guinea-pigs, and fifteen per cent. of the rabbits became tuberculous. Control animals, submitted to the same conditions of life, aside from the feeding of tuberculous food, did not become tuberculous. Experiments were made also by feeding animals with pure tuberculous matter obtained from bovine animals and from man. Each animal received but a single dose. Nearly all of nineteen animals subjected to this dosage became tuberculous. It was thus shown that the use of meat from tuberculous animals resulted in producing tuberculosis in healthy animals, and that the administra-

tion of even a single dose of pure tuberculous matter was quite sure to lead to tuberculosis.

Dr. Martin made a series of investigations in order to determine what part of the tuberculous animal was most dangerous for use as a food, and he was led to the conclusion that the muscle of an infected cow contains very tuberculous matter, and that its consumption rarely produced tuberculosis. Even the direct inoculation of the flesh of a tuberculous cow into a healthy animal did not produce any serious results. The only danger likely to occur, therefore, in using meat from a tuberculous cow would lie in the fact that some glandular tissue might be left in the affected parts of the meat. Another danger, according to Dr. Martin, is that the butcher in cutting away tuberculous matter may use the knife again on healthy flesh, or the meat may become smeared with the caseous matter from tuberculous glands. The commissioners believe that if sufficient discrimination and care are exerted in taking meat from tuberculous cattle a great deal of it might be consumed without danger by the community.

A series of experiments was made to determine the danger to man from the milk of tuberculous cows. These experiments showed, first, that tuberculous cows with healthy udders give milk in which no tubercular bacilli can be found, and that milk from these cows inoculated into test animals does not lead to tuberculous disease. Tuberculous cows with udder disease do give milk which contains bacilli, and this inoculated into test animals will lead to tuberculosis.

Both Dr. Martin and Dr. Woodhead comment on very virulent nature of milk derived from cows with tuberculous udders, and they add that butter, buttermilk, and skimmed milk obtained from the same sources also contain infective matter that is actively injurious. They conclude that no tuberculous animal of any kind should be allowed to be in dairy herd. While the commissioners think that there is no great danger from tuberculous cows, provided the tubercle has not reached the udder, yet they strongly ad-

vise against the use of milk from any diseased animals, no matter how little infected, for the reason that the tuberculosis is so apt to spread suddenly to the udder.

Experiments were made by Dr. Woodhead upon the influence of cooking tuberculous meat and milk. Dr. Woodhead's conclusion is that ordinary roasting of tuberculosis meat kills the infectious material, if any exists, upon the outer surface of the meat, but cannot be relied upon in the slightest degree to render innocuous the bacilli in the centre of the meat if any exist, especially when the joints are more than three or four pounds in weight. The most trustworthy method of cooking meat is by boiling, next comes roasting in an oven, and last, roasting before a fire. The commission seem to be agreed that boiling milk at once kills the most deadly tuberculous material. The commissioners therefore advocate in all suspected cases the sterilization of milk by raising it to boiling temperature.

The report of the commissioners does not speak very definitely upon the value of tuberculin injections in the diagnosis of tuberculosis in cattle. Dr. McFadyen states that it had led him into erroneous conclusions in about one-third of the cases (twenty-four out of seventy-five animals). The professor, however, in spite of this, adds that he has no hesitation in saying that, taking full account of its imperfection, the test is the most valuable means of detecting tuberculosis that we possess, and commissioners add that they understand that since the time of Dr. Martin's experiments the method of using tuberculin as a test has been much improved, and that it is now regarded as more trustworthy for diagnosis.

The report of the commission, of which we have above given some outline, contains, as will be seen, many facts of practical importance. The commissioners, however, owing to the long time consumed in their work, really only presented in a somewhat systematic form facts which had all individually come before the public previous to the appearance of this report.

The Treatment of Umbilical Hernia in Children.

The Times and Register.

Cahir (Rev. de Chir., April, 1895) lays down the following rules as to the treatment of umbilical hernia in infants and young subjects. Apart from certain exceptional conditions in children below the age of 18 months, whether of rich or poor parents, attempts should be made to cure the hernia by a firm pad and an abdominal bandage. In such cases a flat pad should always be preferred to a conical one. Children from 2 to 7 years, if belonging to well-to-do parents, and well cared for, should be treated in like manner; but if the parents be poor, hard-working negligent or ignorant, it will be found useless to attempt any cure of umbilical hernia by such simple means. There are no good grounds, the author states, for attributing to this treatment of umbilical hernia the subsequent protrusion of a hernia sac in the inguinal region. If any temporary affection of the respiratory organs, such as bronchitis, whooping cough, or laryngitis, should occur during the application of the pad and bandage, such treatment ought to be interrupted whilst the chest trouble lasts, and afterwards renewed and steadily maintained. Operative treatment by one of the numerous modern methods is indicated in the following cases:

1. When an umbilical hernia in an infant causes symptoms of strangulation, or is associated with persistent gastro-intestinal troubles which cannot be attributed to any other cause.

2. Also in young subjects from 2 to 7 yrs. of age in whom like symptoms are caused by umbilical hernia.

3. In children from 2 to 7 years of age, suffering from umbilical hernia, who in consequence of defective means of retention or of careless treatment remain with the hernia in much the same condition after the use of pad and bandage continued for 12 or 18 months.

4. In children over 7 years of age suffering from unmanageable or irreducible her-

nia presenting a tendency to increase in size.

5. When the skin over the hernial swelling is ulcerated and inflamed.

6. When the existence of an umbilical hernia is likely to interfere with the patient's career in any special calling.

7. When the hernial ring is large.

8. When the patient is subject to strangulation or to inflammatory attacks.

9. When the hernia, by exciting pain and gastro-intestinal disturbances, seriously impairs the development of the young subject.

Appendicitis Associated with Rheumatism.

The Philadelphia Polyclinic.

Brazil (*British Medical Journal*, No. 1795, p. 1142) has reported two cases of appendicitis associated with rheumatism. The first occurred in a young man who, after repeated exposure to cold and wet, was somewhat suddenly seized with pain in the ileo cecal region. There was complaint of pain and tenderness at and around McBurney's point, and vomiting had taken place several times. The temperature was 102°, and both tonsils were inflamed. Morphine was administered, and poultices applied over the tender area. A little improvement in the symptoms took place, and, in the course of a few days, there was complaint of pain in the right shoulder-joint, and profuse perspiration occurred. Fifteen grains of sodium salicylate were now given every four hours, with magical effect. On the following day, the pain and tenderness had almost disappeared, and by the next day, the seventh from the commencement, the man was practically convalescent.

The second case occurred in a girl of twelve, who, after a wetting, was suddenly seized with pain in the right iliac fossa and vomiting. These symptoms were followed by pain in the left shoulder-joint and along the spine. There was tenderness at McBurney's point, extending downward toward Poupart's ligament. The temperature was 101-2°, and the pulse 120. The urine contained

urates in excess. Sodium salicylate, fifteen grains, with tincture of opium, ten minims, was given every-four hours, and by the following day, the pain and tenderness had disappeared, the temperature was normal, the pulse 88, and there was no return of symptoms.

PILL VITA is not only the most powerful aphrodisiac in the market, but is also recommended as an emmenagogue. See first page.

Sulfonal After Abdominal Operation.

The Medical Progress.

Sulfonal possesses properties which render it a very desirable hypnotic after abdominal operations. These are its safety, reliability and freedom from depressing effects upon the circulatory and respiratory organs. There is a tendency among gynecologists generally to restrict the use of opium and other narcotics as much as possible in the after treatment of these cases. In a "Manual for Nursing in Pelvic Surgery," recently published, Prof. L. S. McMurry, of Louisburg, writes as follows on this subject: "The use of opium after surgical operations is pernicious in its effects, and should be avoided if possible. It gives temporary ease and rest, but locks up the secretions, blunts the nerve centers, and begets nausea, vomiting and accumulation of gas in the intestines. In cases wherein the patient has in consequence of prolonged suffering become addicted to the daily use of this drug, and is very nervous, and with frail persons it may be impracticable and injudicious to altogether withhold it from them. These cases are, however, exceptional, and in the general course of operations for pelvic disease, it is the best to discard opium altogether from the after-treatment." On the other hand, the experience of many abdominal surgeons goes to show that Sulfonal is entirely devoid of these disadvantages of opium, and can be utilized with advantage for the relief of insomnia in operative ab-

dominal cases. Prof. Alexander J. Skene states, "That Sulfonal does remarkably well in these cases as a sleep-producer, and is much preferable to bromide, chloral, or any combination of such remedies. It produces the desired result in the great majority of cases that are not kept from severe pain." Dr. H. C. Crowell, of Kansas City, also expresses the opinion, "That morphine has no place in abdominal surgery unless the patient suffers unusual pain; restlessness can usually be controlled by Sulfonal." Dr. A. H. Cordier, in an interesting article on the "After-care of Laparotomized Patients," voices the same sentiment and says: "These patients have a great disposition to restlessness for two or three days after operation and an inability to sleep. If you give anything for this I would advise fifteen grains Sulfonal, which will induce sleep."

The Cure of Epilepsy by Intra-Nasal Treatment.

The Omaha Clinic.

Sichthoff (*Monatschrift f. Ourenheilkunde*, March 95), reports the two following, interesting cases:

1. Male, age 38—Epileptic for 20 years, the attacks becoming more severe and of longer duration, starting in with complete unconsciousness, biting of the tongue and tonic convulsions. S. found hypertrophy of the middle and lower turbinates, and a ridge on the septum. The wife was given a ten per cent. solution of cocaine and by applying this within the nose with a brush she was able to cut short the attacks without fail. S. then used the galvano-cautery within the nose with the result that for the last two years the patient has had no return of the epilepsy.

2. Male, age 33.—For years mild attacks of epilepsy; in 1892 had severe seizure which began with the sensation of a horrible smell, this lasting for several days after the seizure. Since then had an attack every three or five weeks, always beginning with the nasal aura. The right side of the nose was found to be occluded by hypertrophy of the membrane.

When cocaine was applied to this the expression on the patient's face changed instantly and he asserted that the stench was gone. The right lower turbinated was adherent to the septum throughout its length, and on the left side also there was similar adhesion. To rectify these conditions took considerable time, but the epilepsy has not returned, though at times there is an indication of the old sensation of stench.

PILL VITA is the most powerful aphrodisiac known to medicine. See first page.

The Dangers of Thyroid Feeding.

The Cincinnati Lancet-Clinic.

Dr. Beclere (*La Semaine Medicale*, January, 1895) finds that excellent as are the results of the thyroid treatment, it is nevertheless attended with certain risks. The thyroid juice, when ingested in large quantities, acts as a poison on the heart, as is proved by the sudden deaths which have supervened after the ingestion of the thyroid gland of sheep.

I have, says Dr. Beclere, administered fresh thyroid glands of sheep to a monkey, with the result that the animal died within ten days; and it has been reported that an adult and even one or two children subjected to a similar treatment for therapeutical purposes also died suddenly. Accidents of this kind show the necessity of exercising the utmost care and vigilance in respect of the thyroid treatment. The pulse is the best indication of threatening danger, and should be examined attentively every day.

It is very advantageous, especially at the beginning of the treatment, to keep the patients in bed or at least in their room, and enjoin their abstaining from any effort or movement apt to induce increased labor on the part of the heart. These precautions, moreover, should be kept up even after the treatment has been suspended, inasmuch as the thyroid juice appears to have the same cumulative effect as digitalis.

A New Scientific Surgical Dressing.

OMAHA MEDICAL COLLEGE, June 2, '95

The Mercer Chemical Co., Omaha—GENTLEMEN:

In answer to your favor of recent date, asking for my experience in the use of Zinc Sub-Gallate, the new chemical salt which you have recently issued, I may say that I find in it properties peculiar to no other zinc combination, and of such value as to entitle it to a very general use, especially in minor surgery. While acting as an astringent and siccatisant it is at the same time sedative when applied to muco-cutaneous lesions. The fact of its being an impalpable powder renders its application easy by means of the powder blower, and being odorless and insoluble it proves a most agreeable as well as efficient protective agent and surgical dressing.

Besides Herpes, Eczema and superficial ulcerations it is particularly applicable to excoriations of the cervical mucous membrane, where laceration exists and for intertrigo. Altogether I am pleased with this new product which promises to meet a wide range of indication and recommend it as a preparation of superior merit.

Yours very truly,

CHARLES C. ALLISON, M.D.

THE diplomas of the College of Physicians and Surgeons, Keokuk, Ia., and the Northwestern Medical College, of St. Joseph, have been refused recognition by the respective State Boards of Health. This is the second time the latter school has failed to meet the requirements of the Board. It graduated a class of fourteen this Spring.—*Med. Herald*.

WANTED.—A set of Reference Hand Book. Any one having a set and wishing to dispose of it, address this office.

THOUSANDS of physicians testify to the efficiency of PILL VITA by their regular prescriptions. See first page.